MAPLE WOOD 1501 THOMPSON

BLOOMER 54724 Phone: (715) 568-6157 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 45 Total Licensed Bed Capacity (12/31/02): 73 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	୍ଚ
Home Health Care	No			Age Groups	%		26.7
Supp. Home Care-Personal Care	No					1 - 4 Years	44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	28.9
Day Services	No	Mental Illness (Org./Psy)	13.3	65 - 74	0.0		
Respite Care	No	Mental Illness (Other)	13.3	75 - 84	48.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.8	* * * * * * * * * * * * * * * * * * *	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	15.6	95 & Over	13.3	Full-Time Equivalent	5
Congregate Meals	No	Cancer	2.2			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	24.4	65 & Over	100.0		
Transportation	No	Cerebrovascular	4.4			RNs	13.5
Referral Service	No	Diabetes	8.9	Sex	%	LPNs	8.9
Other Services	Yes	Respiratory	2.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	15.6	Male	20.0	Aides, & Orderlies	49.7
Mentally Ill	No			Female	80.0		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No Yes	Cerebrovascular Diabetes Respiratory	4.4 8.9 2.2 15.6		20.0	RNs LPNs Nursing Assistants, Aides, & Orderlies	13.5 8.9

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	5.6	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.4
Skilled Care	3	100.0	145	27	75.0	124	0	0.0	0	6	100.0	134	0	0.0	0	0	0.0	0	36	80.0
Intermediate				7	19.4	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	15.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		36	100.0		0	0.0		6	100.0		0	0.0		0	0.0		45	100.0

MAPLE WOOD

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
	1				% Needing		Total
Percent Admissions from:	1	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	19.2 I	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		95.6	4.4	45
Other Nursing Homes	11.5	Dressing	17.8		80.0	2.2	45
Acute Care Hospitals	42.3	Transferring	26.7		48.9	24.4	45
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.7			22.2	45
Rehabilitation Hospitals	0.0	Eating	91.1		0.0	8.9	45
Other Locations	26.9 ***	*****	*****	*****	*****	*****	******
Total Number of Admissions	26 0	Continence		용	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	2.2	Receiving R	espiratory Care	6.7
Private Home/No Home Health	19.4	Occ/Freq. Incontinent	of Bladder	46.7	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	13.3	Receiving S	uctioning	0.0
Other Nursing Homes	6.5				_	stomy Care	4.4
Acute Care Hospitals	3.2 N	Mobility			Receiving T	ube Feeding	4.4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving M	echanically Altered Diets	22.2
Rehabilitation Hospitals	0.0						
Other Locations		Skin Care			Other Residen	t Characteristics	
Deaths	61.3	With Pressure Sores		4.4		e Directives	75.6
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	31				Receiving P	sychoactive Drugs	48.9

	This	Other	Hospital-	All
	Facility	Based	Facilities	Facilties
	ଚ୍ଚ	용	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	61.2	87.4	0.70	85.1 0.72
Current Residents from In-County	88.9	84.3	1.05	76.6 1.16
Admissions from In-County, Still Residing	30.8	15.2	2.03	20.3 1.52
Admissions/Average Daily Census	57.8	213.3	0.27	133.4 0.43
Discharges/Average Daily Census	68.9	214.2	0.32	135.3 0.51
Discharges To Private Residence/Average Daily Census	13.3	112.9	0.12	56.6 0.24
Residents Receiving Skilled Care	84.4	91.1	0.93	86.3 0.98
Residents Aged 65 and Older	100.0	91.8	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents	80.0	65.1	1.23	67.5 1.19
Private Pay Funded Residents	13.3	22.6	0.59	21.0 0.63
Developmentally Disabled Residents	0.0	1.5	0.00	7.1 0.00
Mentally Ill Residents	26.7	31.3	0.85	33.3 0.80
General Medical Service Residents	15.6	21.8	0.71	20.5 0.76
<pre>Impaired ADL (Mean) *</pre>	40.4	48.9	0.83	49.3 0.82
Psychological Problems	48.9	51.6	0.95	54.0 0.91
Nursing Care Required (Mean) *	5.3	7.4	0.71	7.2 0.73